

# Time Sheet

No. **G 11508**



Please use a separate time sheet for each client. Write in ballpoint using block capitals.

Branch number

Checked by

First name(s) | **RUTH**

Surname | **FORD**

Payroll number | **M F 1 1 9**

Client name |

Unit/Department | **DIABOLUS WARD**

Address | **G.W.M.H.**

Post code |

Assignment Grade |

Advantage Healthcare Group Ltd client number

Member/Locum signature

**Code A**

Date | **1 7 0 6 0 5**

This time sheet must be completed each week.  
 The top, blue and green copies must be sent to the branch by first class post, as soon as your work for the week is completed and in any event no later than Tuesday.  
 Doctors 9.00am  
 Nurses 12.00 noon  
 Failure will result in a delay of payment of fees.

Date	Use 24 hr clock		Break taken	Actual Hours worked		On Call hours	Client signature
	Start time	Finish time		Day	Night		
MON	/						
BOOKING REFERENCE							
TUE	/						
BOOKING REFERENCE							
WED	/						
BOOKING REFERENCE							
THU	/						
BOOKING REFERENCE							
FRI	<b>1300</b>	<b>1500</b>					<b>Code A</b>
BOOKING REFERENCE	<b>1359318</b>						
SAT	/						
BOOKING REFERENCE							
SUN	/						
BOOKING REFERENCE							
Total hrs	Multiple	Hours Worked (in words) <b>TWO</b>					
Weekday		Name of authorised signatory <b>Ruth</b>					
Weekend		Signed <b>Code A</b>					
		Designation <b>SSN</b>					
		Dated <b>17/05</b>					

I hereby certify that the hours shown are correct and that the work performed was satisfactory and I understand that you will invoice me for this within the next fourteen days. I also confirm my acceptance of the terms and conditions of business, a copy of which I have received.

Pay/charge instructions (Branch use only)